
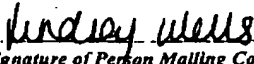


MAY 17 2004

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Francis Moussy et al.			98-2163-P
Serial No. 10/066,393	Filing Date January 3, 2002	Examiner Paul Prebille	Group Art Unit 3738
Invention: APPARATUS AND METHOD FOR CONTROL OF TISSUE/IMPLANT INTERACTIONS			
<p>I hereby certify that this <u>Amendment Transmittal (1 pg) & Amendment (13 pgs)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>May 17, 2004</u> (Date)</p> <p><u>Lindsay Wells</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Lindsay Wells</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV01

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Dock # No. 98-2163-P	
Applicant(s): Francis Moussy et al.					
Serial No. 10/066,393	Filing Date January 3, 2002	Examiner Paul Prebille		Group Art Unit 3738	
Invention: APPARATUS AND METHOD FOR CONTROL OF TISSUE/IMPLANT INTERACTIONS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	37 -	37 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Karen A. LeCuyer Registration No. 51,928 Customer No. 23413 (860) 286-2929			Dated: May 17, 2004		
CC:			I certify that this document and fee is being deposited on May 17, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			 Signature of Person Mailing Correspondence		
			Lindsay Wells (VIA FACSIMILE) Typed or Printed Name of Person Mailing Correspondence		

P11SMAL/REV08

98-2163-P

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MAY 17 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**OFFICIAL**

Applicant:	Francis Moussy et al)	
)	
Serial No.:	10/066,393)	Group Art Unit:
)	3738
)	
Filed:	January 3, 2002)	
)	
For:	APPARATUS AND METHOD FOR)	Before the Examiner:
	CONTROL OF TISSUE/IMPLANT)	
	INTERACTIONS)	Paul Prebilic

VIA FACSIMILE: (703) 872-9306
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

This Amendment is submitted in response to the Office Action dated February 17, 2004. Please amend the Application as follows: